

Guidelines for Reporting Sick Leave under the “Healthy Workplaces/Healthy Families Act of 2014”

January 21, 2016

PURPOSE: The purpose of this Reference Guide is to provide information about the procedures for notification, reporting and approval of paid sick leave for eligible employees who currently do not receive sick days.

BACKGROUND: The Healthy Workplaces, Healthy Families Act of 2014 (Labor Code §§ 245-249) provides paid sick leave for eligible employees who currently do not have a sick leave entitlement. Effective July 1, 2015, eligible employees are entitled to up to three (3) paid sick days or 24 hours in a 12-month period, for the diagnosis, care or treatment of a health condition, or for preventative care for an employee or an employee’s family member. The new law does not provide additional sick days to District employees who already receive paid sick days. The Act also provides paid sick days to an employee for certain purposes related to being a victim of domestic violence, sexual assault or stalking. The Act defines employee eligibility, prescribes use of mandatory paid sick days, eligible family members, notice requirements and contains non-retaliation provisions.

The intent of the Healthy Workplaces, Healthy Families Act is to ensure workers in California can address their own health needs and the health needs of their families by requiring employers to provide a minimum level of paid sick time, including time for family care. The Act is also intended to decrease public and private health care costs by enabling workers to seek early and routine medical care for themselves and their family members, to provide economic security to those who must take time off from work for reasons related to domestic violence or sexual assault; and to safeguard the welfare, health, safety and prosperity of the people of California. Employees who receive certain public employment retirement benefits are not eligible to accrue sick time under this Act.

The provisions of the Act are in addition to and independent of any other rights, remedies or procedures available under any other law and do not diminish, alter or negate any other legal rights, remedies or procedures available to an aggrieved person.

IMPACT: Effective immediately, all employees who do not currently accrue sick time will receive three (3) paid sick days aligned with the duration of a regularly scheduled work day. These sick days will be available for use upon the 90th day of employment, and employees will know their sick days are available for use when they show up on their paystub. Our implementation dates back to July 1, 2015, so employees who have exceeded 90 days of employment as of that date will have accruals ready for immediate use. All of the sick days provided under this law that are accrued before June 30, 2016 must be used by that date. On July 1, 2016 (and at the beginning of each subsequent fiscal year), these accruals will load automatically provided the employee has 90 days of employment with the District.



PROCEDURES: TK-12 and EED Substitutes

All sick leave for TK-12 and EED substitute teachers or paraprofessionals will be reported to and verified by staff in the Substitute Office.

A TK-12 or EED substitute teacher or paraprofessional may request to use their illness benefit by completing and submitting the Absence Certification Request Form (found at the end of this document) to the Substitute Officer within 48 hours of the reported sick date (either in anticipation of or after utilizing sick time). The Absence Certification Request Form will also be posted online on the Salary and Benefits page (<http://www.sfusd.edu/en/employment/salary-and-benefits.html>). In addition, school office personnel will be required to make the forms available to substitute teachers. The completed form must be faxed or emailed to the Substitute Office at 415-241-6418 or substitutes@sfusd.edu.

Classified Employees

A classified employee may request to use their illness benefit by completing and submitting the Absence Certification Request Form (found at the end of this document) to the school or office which the employee is assigned within 48 hours of the reported sick date (either in anticipation of or after utilizing sick time). The Absence Certification Request Form will also be posted online on the Salary and Benefits page (<http://www.sfusd.edu/en/employment/salary-and-benefits.html>). In addition, school office personnel will be required to make the forms available for unrepresented employees. Once the form is received, the time reporter will review, submit to the administrator for a signature and ensure that time is reported.

EMPLOYEES: As an eligible employee, following the instructions outlined below will enable the site payroll clerk, Substitute Office and payroll to perform the function necessary to facilitate timely compensation.

1. Check your pay stubs for up-to-date accruals.
2. Follow the procedures as outlined in prior sections for notification purposes according to your classification either in anticipation of or after utilizing sick time.
3. Complete the Absence Certification Request Form.
4. Submit the Absence Certification Request Form to the applicable office or site as outlined in prior sections according to your classification.
5. Forms must be submitted within the pay period in which the sick day was taken.



SITE OR DEPT.

PAYROLL CLERK: As the payroll clerk, following the instructions outlined below will help eligible employees receive timely compensation.

1. School and office personnel are required to make the Absence Certification Form available to substitute and temporary employees.
2. You must be in receipt of a completed and administrator acknowledged Absence Certification Form for each employee requesting paid sick leave prior to time entry.
3. Use the earning code for sick leave for all:
 - ASH – Sick leave for hourly employees
 - ASD – Sick leave for daily employees
 - ASB – Sick leave for bi-weekly employees
4. Verify employee eligibility and available balance.
5. Time report the appropriate hours by the deadline established on the cut-off and pay dates.
Timeroll codes:
 - SH – Sick leave for hourly employees
 - SD – Sick leave for daily employees
 - SW – Sick leave for bi-weekly employees



CERTIFICATION/REQUEST TO USE SICK LEAVE FORM

EMPLOYEE INFORMATION (Please Print)

Last Name	First Name	M.I.	Employee Id.
Work Location Name	Job Title	Employee's Contact Telephone No. ()	

1. Date of absence / /
Mo. Day Yr.

2. Total time (expected) of absence: hours.

I certify I was not and will not be employed elsewhere during my regular work hours within the time period claimed on this form. I certify my absence during this period was not and is not for participating in a strike/work stoppage or because of my unwillingness to cross picket lines. Furthermore, I certify my absence during my hours is in accordance with the Healthy Workplaces/Healthy Families Act of 2014. I declare under the penalty of perjury that the foregoing is true and correct.

Employee's Signature: _____ **Date:** _____

Administrator/Supervisor's Acknowledgement (to be completed by Substitute Office for Substitutes):		
_____	_____	_____
Print Name	Signature	Date